

~~148920~~
148921

Amount
Allowed

Amount
Paid

Creditor

Claim No.

**Pyramed Healthcare Group, LTD.
Tri-City Family Medicine, Inc.
1120 East Broad Street
P.O. Box 30
Elyria, OH 44036**

000002

16.23

1.01

01 CK110

----- Remittance/Total -----

16.23

1.01

emittance Total -----

DAVIŠ, STEVEN S., Trustee

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